UNITED STATES PATENT AND TRADEMARK OFFICE

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

PTOL-90A (Rev. 04/07)

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on *16 July 2007*.

2a) ☐ This action is **FINAL.**   2b) ☒ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) *84-89,92-94,98-100,102,103,105,108 and 110* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) *84-89,92-94,98-100,102,103,105,108 and 110* is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
    Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____.

5) ☐ Notice of Informal Patent Application

6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1.   A request for continued examination under 37 CFR 1.114, including the fee set forth in

37 CFR 1.17(e), was filed in this application after final rejection. Since this application is

eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e)

has been timely paid, the finality of the previous Office action has been withdrawn pursuant to

37 CFR 1.114. Applicant's submission filed on 16 July 2007 has been entered.

2.   This communication is in response to the Request for Continued Examination and

amendment filed on 16 July 2007. Claims 84, 92, 98-99, 105 have been amended. Claims 1-83,

90-91, 95-97, 101, 104, 106-107, 109, and 111 have been cancelled. Grounds of rejection for

claims 84-89, 92-94, 98-100, 102-103, 105, 108, and 110 are presented in the instant application

as set forth in detail below. The declaration filed on 16 July 2007 has been entered and

considered, but is ineffective to overcome the grounds of rejection under 35 USC § 103, as the

declaration does not appear to be responsive to the rejection nor does it present sufficient facts to

overcome the rejection.

Claim Rejections - 35 USC § 112

3.   The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the
> subject matter which the applicant regards as his invention.

4.   Claims 85-86, 88-89, 92-94, 98 are rejected under 35 U.S.C. 112, second paragraph, as

being indefinite for failing to particularly point out and distinctly claim the subject matter which

applicant regards as the invention.

(A)   Claims 85, 86, 88 recite " ... the linked at least one diagnosis code ... " at lines 2-

3, 2, and 2, respectively;

(B)   Claim 89 recites " ... the steps of ... [...] ... receiving a selection of a diagnosis

code... " on lines 3-4;

(C)   Claims 92, 93 recites " ... the at least one diagnosis code... " on lines 13-14, 2,

respectively;

(D)   Claims 94 and 98 recite " ... the selection of the at least one diagnosis code... " at

lines 2-3 and 10-11, respectively.

There is insufficient antecedent basis for these limitations in the claims.

Claim Rejections - 35 USC § 103

5.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in
> 3section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are
> such that the subject matter as a whole would have been obvious at the time the invention was made to a person
> having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the
> manner in which the invention was made.

6.   Claims 84, 88-89, 94, 98-100, 102-103, 110 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Waters et al., U.S. Patent Number 6, 393, 404 in view of Dorne, U.S. Patent

Number 5, 325, 293 and Goltra, U.S. Patent Number 5, 823, 949.

(A)   As per newly amended claim 84, Waters discloses a method for providing

medical coding, comprising:

receiving a selection of a patient procedure code on a first computer (Waters; Figure 3,

column 3, lines 52-65), the patient procedure code representing a procedure performed on a

patient during a patient encounter (Waters; Abstract, column 2, lines 47-48);

receiving a selection of a plurality of diagnosis codes on the first computer (Waters;

Figure 2, column 3, lines 30-51), each of the plurality of diagnosis codes representing a diagnosis

applicable to the procedure performed as "the medical professional ... [...] ... diagnoses the

patient's condition" (reads on "during the patient encounter") (Waters; Figure 2, column 2, lines

23-26, column 3, lines 8-51).

Although Waters teaches linking the patient procedure code to the diagnosis code

(Waters; column 3, lines 53-65), Waters fails to explicitly disclose

linking the selection of the patient procedure code to the selection of the plurality of

diagnosis codes on the first computer.

However, the above features are well-known in the art, as evidenced by Dorne.

In particular, Dorne teaches

linking the selection of the patient procedure code to the selection of the plurality of

diagnosis codes on the first computer (Dorne; column 16, lines 9-22).

It would have been obvious to one of ordinary skill in the art at the time the invention

was made to modify the system of Waters to include the claimed limitations, as taught by Dorne,

with the motivations of providing a method and system for rapidly, simply and accurately

correlating diagnosis and procedure codes with medical procedures performed during a patient

examination which does not require a thorough understanding of the nomenclature used by the

coding system, reducing time spent coding by busy physicians, and enabling more efficient

payments from Medicare and private insurance companies for physician's services (Dorne;

column 3, lines 10-28).

Although Waters teaches providing a user interface (Waters; Figure 2, Figure 3) that

allows the user to configure the system to select or rank selected codes (Waters; Figure 3,

column 3, lines 30-37), and although Waters teaches documenting the patient encounter

(Waters; Abstract, column 2, lines 47-48), Waters fails to explicitly disclose

providing a user interface adapted for ranking the plurality of diagnosis codes linked with

the patient procedure code in a user defined rank order after receiving the selection of the

plurality of diagnosis codes; and

documenting the patient encounter by storing the rank ordering of the selection of the

plurality of diagnosis codes linked to the selection of the patient procedure code of the procedure

performed.

However, the above features are well-known in the art, as evidenced by Goltra.

In particular, Goltra teaches

providing a user interface adapted for ranking the plurality of diagnosis codes linked with

the patient "medical finding" (reads on "procedure") code in a user defined rank order after

receiving the selection of the plurality of diagnosis codes (Goltra; column 2, lines 25-58, column

3, lines 39-41, column 4, line 58 to column 5, line 31, column 6, lines 6-10); and

documenting the patient encounter by storing the rank ordering of the selection of the

plurality of diagnosis codes linked to the selection of the patient "medical finding" (reads on

"procedure") code of the procedure performed (Goltra; column 6, lines 1-8).

It would have been obvious to one of ordinary skill in the art at the time the invention

was made to modify the combined teachings of Waters and Dorne to include the claimed

limitations, as taught by Goltra, with the motivations of providing a good archival record of what

has been done for a particular patient, thereby enabling tracking of problems for quality control,

legal or other reasons, and tracking the relative effectiveness of various interventions, and

additionally enabling healthcare professionals who must adequately document the examination

and treatment of patients to provide proper documentation, for example to paying insurance

companies, as to treatments or procedures prescribed during patient encounters (Goltra; column

2, lines 1-22).

(B)   As per claims 88-89, 94 Waters, Dorne and Goltra teach a method as analyzed

and discussed in claim 84 above further comprising

associating the patient procedure code and the linked at least one diagnosis code with

patient data including patient identifying information (Waters; column 4, lines 2-8);

sending patient data, including patient identifying information to the first computer from

a second computer prior to the steps of receiving a selection of a patient procedure code and

receiving a selection of a diagnosis code (Waters; column 4, lines 2-8); and

generating a patient bill based on the selection of the patient procedure code and the

selection of the at least one diagnosis code (Dorne; column 3, lines 18-39, column 19, lines 9-

19).

The motivations for combining the respective teachings of Waters, Dorne and Goltra are as given in the rejection of claim 84 above, and incorporated herein.

(C)   As per newly amended claim 98, Waters, Dorne and Goltra teach a method for providing code-driven medical reporting for billing purposes, comprising:

receiving a selection of a patient procedure code on a first computer (Waters; Figure 3, column 3, lines 52-65), the patient procedure code representing a patient procedure performed on a patient during a patient encounter (Waters; Abstract, column 2, lines 47-48);

receiving a selection of a plurality of diagnosis codes on the first computer (Waters; Figure 2, column 3, lines 30-51), each of the plurality of diagnosis codes representing a diagnosis of the patient as "the medical professional ... [...] ... diagnoses the patient's condition" (reads on "during the patient encounter") (Waters; Figure 2, column 2, lines 23-26, column 3, lines 8-11, 44-51);

receiving a change in ordering of diagnosis codes from a user (Goltra; column 2, lines 25-27, column 4, line 58 to column 5, line 31, column 6, lines 6-10);

linking the selection of the patient procedure code to the selection of the at least one diagnosis code on the first computer (Dorne; column 16, lines 9-22);

charting (reads on "documenting") (Goltra; column 6, lines 1-8) the linking of the selection of the patient procedure code and the selection of the at least one diagnosis code to provide for "keeping track of the ICD-9 diagnostic codes most likely associated with the procedures selected by the user" (reads on "maintaining a user defined rank ordered relationship between the patient procedure code and the at least one diagnosis code") to thereby provide a

detailed record of the patient encounter (Dorne; Abstract, column 8, lines 49-52, column 9, lines 6-11, column 12, lines 46-50, column 16, lines 9-12, 20-21).

The motivations for combining the respective teachings of Waters, Dorne and Goltra are as given in the rejection of claim 84 above, and incorporated herein.

(D)   As per claims 99-100, 102-103, 110, Waters, Dorne and Goltra teach a method as analyzed and discussed in claims 84 and 98 above

wherein each of the plurality of diagnosis codes is an ICD code (Dorne; column 16, lines 9-19);

wherein the patient procedure code is a CPT code (Dorne; column 16, lines 20-21);

wherein a modifier is associated with the patient procedure code (Dorne; Figure 7, column 8, line 63 to column 9, line 2, column 10, lines 10-13);

wherein a unit value or RVU is assigned to the patient procedure code (Dorne; Figure 3G, column 1, lines 21-26, column 6, line 66 to column 7, line 4);

The motivations for combining the respective teachings of Waters, Dorne and Goltra are as given in the rejection of claim 84 above, and incorporated herein.

7.   Claims 85-87 are rejected under 35 U.S.C. 103(a) as being unpatentable over Waters et al., U.S. Patent Number 6, 393, 404, Dorne, U.S. Patent Number 5, 325, 293 and Goltra, U.S. Patent Number 5, 823, 949, as applied to claim 84 above, and further in view of Lavin et al, Pat. No. 5,772,585.

(A)   As per claim 85, Waters, Dorne and Goltra teach a method as analyzed and discussed in claim 84 above.

Waters, Dorne and Goltra fail to explicitly disclose

electronically sending patient data including the patient procedure code and the linked at

least one diagnosis code from the first computer to a second computer.

However, the above features are well-known in the art, as evidenced by Lavin.

In particular, Lavin teaches

electronically sending patient data including the patient procedure code and the linked at

least one diagnosis code from the first computer to a second computer (Lavin; column 9, lines

34-56, column 13, lines 29-59).

It would have been obvious to one of ordinary skill in the art at the time the invention

was made to modify the collective teachings of Waters, Dorne and Goltra to include the claimed

limitations, as taught by Lavin, with the motivations of providing a method for concurrently

recording examination and diagnoses notes in a database during patient examination and

enabling data entry and access to multiple items of information, previously recorded on separate

paper and electronic media, at a common user interface and database structure simultaneously by

more than one user, thus eliminating redundant data entry and centralization of patient

information (Lavin; column 2, line 65 to column 3, line 11).

(B)   As per claim 86-87, Waters, Dorne, Goltra and Lavin teach a method as analyzed

and discussed in claims 84 and 85 above

further comprising displaying the patient procedure code and the linked at least one

diagnosis code on a display of the first computer prior to the step of electronically sending

(Waters; Figure 2, Figure 3, column 3, lines 53-64); and

generating a patient bill at the second computer, the patient bill associated with the

patient data (Lavin; column 9, lines 38-40 and column 13, lines 56-59).

The motivations for combining the respective teachings of Waters, Dorne, Goltra and

Lavin are as given in the rejections of claims 84 and 85 above, and incorporated herein.

8.   Claims 92-93, 105, 108, are rejected under 35 U.S.C. 103(a) as being unpatentable over

Waters et al., U.S. Patent Number 6, 393, 404 in view of Goltra, U.S. Patent Number 5, 823, 949

for substantially the same reasons given in the previous Office Action (paper number 20061128).

Further reasons appear hereinbelow..

(A)   As per newly amended Claim 92, Waters teaches a method for providing code-

driven medical reporting comprising:

receiving a selection of a plurality of diagnosis codes on a first computer (Waters; Figure

2, column 3, lines 30-51), each of the plurality of diagnosis codes representing one diagnosis

applicable to a patient procedure code representing a procedure performed as "the medical

professional ... [...] ... diagnoses the patient's condition" (reads on "on a patient during a patient

encounter") (Waters; Figure 2, Figure 3, column 2, lines 23-26, 47-48, column 3, lines 44-51);

and

receiving a selection of the patient procedure code on the first computer (Waters; Figure

3, column 3, lines 52-65), the patient procedure code representing the patient procedure

performed on the patient during the patient encounter (Waters; Abstract, column 2, lines 47-48).

Although Waters teaches linking the patient procedure code to the diagnosis code

(Waters; column 3, lines 53-65), Waters fails to explicitly disclose

receiving a change in ordering of diagnosis codes within the plurality of diagnosis codes

within a user defined rank order list; and

linking the plurality of diagnosis codes in a user defined rank order to the patient

procedure code such that a defined relationship between the patient procedure code and the at

least one diagnosis code is maintained to thereby provide a record of the patient encounter.

However, the above features are well-known in the art, as evidenced by Goltra.

In particular, Goltra teaches

receiving a change in ordering of diagnosis codes within the plurality of diagnosis codes

within a user defined rank order list (Goltra; column 2, lines 25-27, column 4, line 58 to column

5, line 31, column 6, lines 6-10); and

linking the plurality of diagnosis codes in a user defined rank order to the patient

procedure code such that a defined relationship between the patient procedure code and the at

least one diagnosis code is maintained to thereby provide a record of the patient encounter

(Goltra; column 2, lines 25-27, column 4, line 58 to column 5, line 31, column 6, lines 1-10).

It would have been obvious to one of ordinary skill in the art at the time the invention

was made to modify the system of Waters to include the claimed limitations, as taught by Goltra,

with the motivations of providing a good archival record of what has been done for a particular

patient, thereby enabling tracking of problems for quality control, legal or other reasons, and

tracking the relative effectiveness of various interventions, and additionally enabling healthcare

professionals who must adequately document the examination and treatment of patients to

provide proper documentation, for example to paying insurance companies, as to treatments or

procedures prescribed during patient encounters (Goltra; column 2, lines 1-22).

(B)   As per claim 93, Waters and Goltra teach a method as analyzed and discussed in

claim 92 above.

further comprising generating a bill based on the patient procedure code and the at least

one diagnosis code (Waters; column 2, lines 23-28, column 3, lines 62-64).

(C)   As per claim 105, Waters and Goltra teach a method for providing code-driven

medical reporting, comprising:

providing a user interface adapted for operation on a first computer (Waters; Figure 3,

Abstract, column 3, lines 40-43);

using the user interface to collect at least one procedure code representing a procedure

performed on a patient during a patient encounter (Waters; Figure 3, Abstract, column 2, lines

47-48, column 3, lines 52-65);

for each of the at least one "medical finding" (reads on "procedure") code, using the user

interface to collect a plurality of diagnosis codes, each of the plurality of diagnosis codes

representing a diagnosis of the patient during the patient encounter to thereby establish a user

defined link (Goltra; column 2, lines 25-27, column 5, lines 2-6) between each of the plurality of

"medical findings" (reads on "procedure") codes and the plurality of diagnosis codes (Goltra;

column 4, line 58 to column 5, line 31, column 6, lines 6-10);

using the user interface to reorder the plurality of diagnosis codes (Goltra; column 2,

lines 25-27, column 4, line 58 to column 5, line 31, column 6, lines 6-10);

documenting the patient encounter by storing each of the at least one procedure codes and

storing each of the at least one diagnosis codes linked to each of the at least one procedure codes

to provide a record of each set of diagnosis codes collected for each procedure code (Goltra;

column 6, lines 1-8) and a rank order of each set of diagnosis codes (Goltra; column 2, lines 25-

27, column 4, line 58 to column 5, line 31, column 6, lines 6-10).

The motivations for combining the respective teachings of Waters and Goltra are as given

in the rejection of claim 84 above, and incorporated herein.

(D)   As per claim 108, Waters and Goltra teach a method as analyzed and discussed in

claim 105 above

wherein the procedure code is a CPT code (Waters; column 1, lines 52-54).

Response to Arguments

9.   Applicant's arguments filed 16 July 2007have been fully considered but they are not

persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they

appear in the response filed 16 July 2007.

(A)   At pages 7-9 of the 16 July 2007 response, Applicant argues that the newly added

features in the 16 July 2007 amendment are not taught or suggested by the applied references. In

response, all of the limitations which Applicant disputes are missing in the applied references,

including the features newly added in the 16 July 2007 amendment, have been fully addressed by

the Examiner as being obvious in view of the teachings of Waters, Dorne, Goltra, and Lavin,

based on the logic and sound scientific reasoning of one ordinarily skilled in the art at the time of

the invention, as detailed in the 35 USC § 103 rejections given in the preceding sections of the

present Office Action and in the prior Office Action (paper number 20061128), and incorporated

herein. In particular, Examiner notes that receiving a change in ordering of diagnosis codes from a user (Goltra; column 2, lines 25-27, column 4, line 58 to column 5, line 31, column 6, lines 6-10) to create a detailed record of the patient encounter (Goltra; column 2, lines 9-21) are taught by the combined applied references. Examiner interprets Goltra's teachings of "[w]hen the intelligent prompting feature is selected, the computerized medical system takes each medical finding [reads on procedure] entered into the protocol and builds an internal list of possible diagnoses. The list of possible diagnoses is formed by using the point values assigned to each medical finding for each diagnosis stored in the knowledge base file 22. When all of the medical findings have been added together for each diagnosis, the diagnoses are ranked in descending point total ... [...] ... it may be possible for a healthcare professional to change the system ..." (Goltra; column 4, line 57 to column 5, line 4) to teach a form of receiving a change in ordering of diagnosis codes from a user, and Examiner interprets Goltra's teachings of "healthcare professionals ... [...] ... must adequately document the examination and treatment of patients ... [...] ... provide proper documentation ... [...] ... the healthcare professional needs to have an easy way to review charts for each patient ... [...] ... (Goltra; column 2, lines 9-21) and "a computer based medical system which enhances the diagnostic, management and documentation capabilities of a healthcare provider, and provides patient charts" (Goltra; column 2, lines 35-37) to teach a form of creating a record of a patient encounter.

At pages 7-8 of the 16 July 2007 response, Applicant argues that the Waters reference does not teach the limitations discussed in the preceding paragraph and then argues that the Dorne reference also fails to teach these features. Examiner notes that it was neither Waters nor Dorne, but rather the Goltra reference that was applied to teach these argued limitations.

At page 8, paragraph 2 of the 16 July 2007 response, Applicant argues that the Goltra

reference does not teach the limitations argued in the preceding paragraph. Examiner respectfully

disagrees, and notes that these limitations have been previously discussed in this Office Action.

Arguments on page 8, paragraph 3 of the 16 July 2007 response regarding the Quickstart

reference are moot due to the new grounds of rejection.

At pages 7-8 of the 16 July 2007 response, Applicant analyzes the applied references

separately and argues each of the references individually. In response to Applicant's arguments

against the references individually, one cannot show nonobviousness by attacking references

individually where the rejections are based on combinations of references. See In re *Keller,* 642

F.2d 413, 208 USPQ 871 (CCPA 1981); In re *Merck & Co.,* 800 F.2d 1091, 231 USPQ 375 (Fed.

Cir. 1986). In addition, the test for obviousness is not whether the features of a secondary

reference may be bodily incorporated into the structure of the primary reference; nor is it that the

claimed invention must be expressly suggested in any one or all of the references. Rather, the test

is what the combined teachings of the references would have suggested to those of ordinary skill

in the art. See *In re Keller,* 642 F.2d 413, 208 USPQ 871 (CCPA 1981).

As per Applicant's arguments at the last paragraph on page 8 of the 16 July 2007

response that "[n]one of the cited references, alone or in combination, teach 'providing a user

interface adapted for ranking the plurality of diagnosis codes linked with the patient procedure

code in a user defined rank order after receiving the selection of the plurality of diagnosis

codes'" limitations of claim 84, Examiner respectfully disagrees. Examiner interprets Goltra's teachings of "computerized medical system takes each medical finding [reads on procedure] entered into the protocol and builds an internal list of possible diagnoses. The list of possible diagnoses is formed by using the point values assigned to each medical finding for each diagnosis stored in the knowledge base file 22. When all of the medical findings have been added together for each diagnosis, the diagnoses are ranked in descending point total. ... [...] ... It will be understood that while the computerized medical system may be set to a default value, it may be possible for a healthcare professional to change the system ... [...] ... depending on the desires of the healthcare professional" (Goltra; column 4, line 58 to column 5, line 31) together with Goltra's teachings of "configurable by the healthcare professional so as to provide specific help in determining diagnoses" (Goltra; column 2, lines 25-27) and "[t]he medical system will then generate a list of most likely diagnoses based upon the point values assigned to the entered medical findings. A list of additional medical findings will then be displayed on the display screen" (Goltra; column 6, lines 6-10) to teach a form of this limitation.

The remainder of Applicant's arguments have been previously discussed in this Office Action.

Conclusion

10.   The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied reference, Montlick, U.S. Patent Number 5, 561, 446, teaches the environment of associating codes with medical services.

11.   Any response to this action should be mailed to:

Commissioner of Patents and Trademarks
Washington D.C. 20231

or faxed to: **(571) 273-8300**.

For informal or draft communications, please label "PROPOSED" or "DRAFT" on the front page of the communication and do NOT sign the communication.

After Final communications should be labeled "Box AF."

12.   Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (571) 272-6774. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.

13.   If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas, can be reached at (571) 272-6776. Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Receptionist whose telephone number is (571) 272-3600.

14.   Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Natalie A. Pass

October 26, 2007

MATTHEW S. GART
PRIMARY EXAMINER
TECHNOLOGY CENTER 3600